

Advanced Control Specialty Formulary[®] for Catholic Mutual Group

The **CVS Caremark[®] Advanced Control Specialty Formulary[®] for Catholic Mutual Group** is a guide within select therapeutic categories for clients, plan members and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list and does not guarantee coverage. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

PLAN MEMBER

Your benefit plan provides you with prescription drug coverage that is administered by CVS Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list the next time you or a covered family member sees a doctor.

- Your specific prescription benefit plan design may not cover certain medications, products or categories, regardless of their appearance in this document. Medications and products recently approved by the U.S. Food and Drug Administration (FDA) may not be covered immediately upon release to the market.
- Your prescription benefit plan design may alter coverage of certain products or vary cost sharing amounts based on the condition being treated.
- You may be responsible for the full cost of medications and products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and cost sharing, or if you have additional questions, please sign in or register on [Caremark.com](https://www.caremark.com) and click Plan Summary on the Plan & Benefits menu.
- When a generic medication that is equivalent to a brand-name drug is released to the market, in most instances, that brand-name drug will be designated as a non-preferred option.

HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by CVS Caremark. As a way to help manage health care costs, authorize generic substitution whenever possible. If you believe a brand-name product is medically necessary, consider prescribing a brand name on this list.

- The member's prescription benefit plan design may alter coverage of certain products or vary cost sharing amounts based on the condition being treated.
- This drug list represents a summary of prescription coverage. The member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the FDA may not be covered immediately upon release to the market.
- The member's prescription benefit plan may have different cost sharing for specific products on the list.

- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to [Caremark.com](https://www.caremark.com) to check coverage and cost sharing information for a specific medicine.

ANALGESICS

VISCOSUPPLEMENTS

DUROLANE
EUFLEXXA
GELSYN-3
SUPARTZ FX

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

abacavir
atazanavir
darunavir
efavirenz
emtricitabine
etravirine
lamivudine
maraviroc
nevirapine
nevirapine ext-rel
ritonavir
tenofovir disoproxil fumarate
zidovudine
APRETUDE
ISENTRESS
TIVICAY

ANTIRETROVIRAL COMBINATION AGENTS

abacavir-lamivudine
efavirenz-emtricitabine-tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil fumarate
emtricitabine-tenofovir disoproxil fumarate
lamivudine-zidovudine
lopinavir-ritonavir
BIKTARVY
CABENUVA
CIMDUO
DESCOVY
DOVATO
GENVOYA
ODEFSEY
SYMTUZA
TRIUMEQ

HEPATITIS B

entecavir
lamivudine
tenofovir disoproxil fumarate
VEMLIDY

HEPATITIS C

ribavirin
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)
HARVONI (genotypes 1, 4, 5, 6)
VOSEVI

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

temozolomide

ANTIMETABOLITES

capecitabine
LONSURF

BIOLOGIC RESPONSE MODIFIERS

BESREMI
ERIVEDGE
REVLIMID
THALOMID

BIOSIMILARS

KANJINTI
RUXIENCE
TRAZIMERA
ZIRABEV

HORMONAL

ANTINEOPLASTIC AGENTS

abiraterone
leuprolide acetate
ELIGARD
ERLEADA
NUBEQA
XTANDI
YONSA

KINASE INHIBITORS

erlotinib
everolimus
gefitinib
imatinib mesylate
lapatinib

pazopanib
sorafenib
sunitinib
ALECENSA
ALUNBRIG
AUGTYRO
BOSULIF
BRAFTOVI
BRUKINSA
CABOMETYX
CALQUENCE
COPIKTRA
COTELLIC
GAVRETO
IBRANCE
INLYTA
KISQALI
KISQALI FEMARA CO-PACK
KOSELUGO
LENVIMA
MEKTOVI
RETEVMO
ROZLYTREK
RYDAPT
SPRYCEL
STIVARGA
TAGRISSO
VITRAKVI
XOSPATA
ZELBORAF
ZYDELIG
ZYKADIA

MISCELLANEOUS

bexarotene
KRAZATI
LUMAKRAS
LYNPARZA
ODOMZO
VISTOGARD
ZEJULA

MONOCLONAL ANTIBODIES

PERJETA
PHESGO

PROTEASOME INHIBITORS

bortezomib
NINLARO

CARDIOVASCULAR

ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA

PULMONARY ARTERIAL HYPERTENSION

ambrisentan
bosentan
sildenafil
tadalafil
treprostinil
ADEMPAS
OPSUMIT
OPSYNVI
ORENITRAM
TADLIQ
TYVASO
TYVASO DPI
UPTRAVI

CENTRAL NERVOUS SYSTEM

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

RADICAVA ORS

ANTIDEPRESSANTS

ZURZUVAE

ANTIPARKINSONIAN AGENTS

INBRIJA

ANTISEIZURE AGENTS

vigabatrin

BOTULINUM TOXINS

DAXXIFY
XEOMIN

MISCELLANEOUS

ENSPRYNG
VYVGART
VYVGART HYTRULO

MOVEMENT DISORDERS

tetrabenazine
AUSTEDO

AUSTEDO XR
INGREZZA

MULTIPLE SCLEROSIS AGENTS

dimethyl fumarate delayed-rel
 fingolimod
 glatiramer
 teriflunomide
AVONEX
BAFIERTAM
BETASERON
COPAXONE 40 MG/ML
KESIMPTA
MAYZENT
OCREVUS
REBIF
TYSABRI
VUMERITY
ZEPOSIA

NARCOLEPSY/CATAPLEXY

LUMRYZ
WAKIX
XYWAV

ENDOCRINE AND METABOLIC

ACROMEGALY

SOMATULINE DEPOT

ANTIDIABETICS, MISCELLANEOUS

mifepristone

CALCIUM RECEPTOR AGONISTS

cinacalcet

CALCIUM REGULATORS, MISCELLANEOUS

PROLIA

CALCIUM REGULATORS, PARATHYROID HORMONES

teriparatide
TYMLOS

CENTRAL PRECOCIOUS PUBERTY

FENSOLVI
LUPRON DEPOT-PED
SUPPRELIN LA
TRIPTODUR

CHELATING AGENTS

deferasirox
deferiprone
deferoxamine

penicillamine
trientine

HEREDITARY TYROSINEMIA TYPE 1 AGENTS

ORFADIN

HUMAN GROWTH HORMONES

HUMATROPE
NORDITROPIN
SOGROYA

LYSOSOMAL STORAGE DISORDERS

NEXVIAZYME

LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE

ELFABRIO
FABRAZYME
GALAFOLD

LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE

CERDELGA
CEREZYME

MISCELLANEOUS

betaine
sapropterin
CYSTAGON

POLYNEUROPATHY

TEGSEDI

UREA CYCLE DISORDER

carglumic acid
sodium phenylbutyrate
PHEBURANE

GENITOURINARY

MISCELLANEOUS

tiopronin
tiopronin delayed-rel

HEMATOLOGIC

BLEEDING DISORDERS AGENTS

NOVOSEVEN RT
SEVENFACT

HEMATOPOIETIC GROWTH FACTORS

ARANESP
FYLNETRA

NIVESTYM
NYVEPRIA
PROCRIT
RETACRIT

HEMOPHILIA A AGENTS

ADVATE
ADYNOVATE
AFSTYLA
ALTUVIIIIO
ELOCTATE
ESPEROCT
JIVI
KOGENATE FS
KOVALTRY
NOVOEIGHT
NUWIQ
XYNTHA

HEMOPHILIA B AGENTS

ALPROLIX
BENEFIX
REBINYN

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

EMPAVELI

SICKLE CELL DISEASE

ENDARI

THROMBOCYTOPENIA AGENTS

ALVAIZ
DOPTELET

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS

ORALAIR

ALOPECIA AREATA

LITFULO

AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)

AVSOLA
ILUMYA
REMICADE
SIMPONI ARIA
SKYRIZI INTRAVENOUS
STELARA INTRAVENOUS

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS

ADALIMUMAB-ADAZ
ENBREL

HYRIMOZ

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS

ADALIMUMAB-ADAZ
COSENTYX
ENBREL
HYRIMOZ
RINVOQ

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE

ADALIMUMAB-ADAZ
HYRIMOZ
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

CIMZIA PREFILLED SYRINGE
COSENTYX
RINVOQ

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS

ADALIMUMAB-ADAZ
BIMZELX
HYRIMOZ
OTEZLA
SKYRIZI SUBCUTANEOUS
SOTYKTU
STELARA SUBCUTANEOUS
TREMIFYA

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS

ADALIMUMAB-ADAZ
COSENTYX
ENBREL
HYRIMOZ
OTEZLA
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS
TREMIFYA

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS

ADALIMUMAB-ADAZ
ENBREL
HYRIMOZ
KEVZARA

ORENCIA CLICKJECT
ORENCIA SUBCUTANEOUS
RINVOQ
XELJANZ
XELJANZ XR

**AUTOIMMUNE AGENTS
(SELF-ADMINISTERED),
ULCERATIVE COLITIS**

ADALIMUMAB-ADAZ
HYRIMOZ
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS
TREMIFYA
VELSIPITY
XELJANZ
XELJANZ XR
ZEPOSIA

**DISEASE-MODIFYING ANTI-
RHEUMATIC DRUGS
(DMARDS)**

RASUVO

HEREDITARY ANGIOEDEMA

icatibant
ORLADEYO
RUCONEST
TAKHZYRO

IMMUNOGLOBULIN

CUTAQUIG

IMMUNOSUPPRESSANTS

cyclosporine
cyclosporine modified
everolimus
mycophenolate mofetil
mycophenolate sodium
sirolimus

tacrolimus

OPHTHALMIC

RETINAL DISORDERS

BYOOVIZ
CIMERLI

RESPIRATORY

**ALPHA-1 ANTITRYPSIN
DEFICIENCY AGENTS**

PROLASTIN-C
ZEMAIRA

CYSTIC FIBROSIS

tobramycin inhalation solution

**PULMONARY FIBROSIS
AGENTS**

pirfenidone

OFEV

SEVERE ASTHMA AGENTS

DUPIXENT
FASENRA
NUCALA (except lyophilized powder)
TEZSPIRE
XOLAIR

TOPICAL

**DERMATOLOGY, ATOPIC
DERMATITIS**

ADBRY
CIBINQO
DUPIXENT
RINVOQ

**MOUTH/THROAT/DENTAL
AGENTS**

MUGARD

QUICK REFERENCE DRUG LIST

A

abacavir
abacavir-lamivudine
abiraterone
ADALIMUMAB-ADAZ
ADBRY
ADEMPAS
ADVATE
ADYNOVATE
AFSTYLA
ALECENSA
ALPROLIX
ALTUVIIIIO
ALUNBRIG
ALVAIZ
ambrisentan
APRETUDE
ARANESP
atazanavir
AUGTYRO
AUSTEDO
AUSTEDO XR
AVONEX
AVSOLA

B

BAFIERTAM
BENEFIX
BESREMI
betaine
BETASERON
bexarotene

BIKTARVY
BIMZELX
bortezomib
bosentan
BOSULIF
BRAFTOVI
BRUKINSA
BYOOVIZ

C

CABENUVA
CABOMETYX
CALQUENCE
capecitabine
carglumic acid
CERDELGA
CEREZYME
CIBINQO
CIMDUO
CIMERLI
CIMZIA PREFILLED SYRINGE
cinacalcet
COPAXONE 40 MG/ML
COPIKTRA
COSENTYX
COTELLIC
CUTAQUIG
cyclosporine
cyclosporine modified
CYSTAGON

D

darunavir

DAXXIFY
deferasirox
deferiprone
deferoxamine
DESCOVY
*dimethyl fumarate delayed-
rel*
DOPTELET
DOVATO
DUPIXENT
DUPIXENT
DUROLANE

E

efavirenz
*efavirenz-emtricitabine-
tenofovir disoproxil
fumarate*
*efavirenz-lamivudine-
tenofovir disoproxil
fumarate*
ELFABRIO
ELIGARD
ELOCTATE
EMPAVELI
emtricitabine
*emtricitabine-tenofovir
disoproxil fumarate*
ENBREL
ENDARI
ENSPRYNG
entecavir
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)

ERIVEDGE
ERLEADA
erlotinib
ESPEROCT
etravirine
EUFLEXXA
everolimus
everolimus

F

FABRAZYME
FASENRA
FENSOLVI
 fingolimod
FYLNETRA

G

GALAFOLD
GAVRETO
gefitinib
GELSYN-3
GENVOYA
glatiramer

H

HARVONI (genotypes 1, 4, 5, 6)
HUMATROPE
HYRIMOZ

I

IBRANCE
icatibant
ILUMYA

imatinib mesylate
INBRIJA
INGREZZA
INLYTA
ISENTRESS

J

JIVI

K

KANJINTI
KESIMPTA
KEVZARA
KISQALI
KISQALI FEMARA CO-PACK
KOGENATE FS
KOSELUGO
KOVALTRY
KRAZATI

L

lamivudine
lamivudine
lamivudine-zidovudine
lapatinib
LENVIMA
leuprolide acetate
LITFULO
LONSURF
lopinavir-ritonavir
LUMAKRAS
LUMRYZ
LUPRON DEPOT-PED
LYNPARZA

M

maraviroc
MAYZENT
MEKTOVI
mifepristone
MUGARD
mycophenolate mofetil
mycophenolate sodium

N

nevirapine
nevirapine ext-rel
NEXVIAZYME
NINLARO

NIVESTYM
NORDITROPIN
NOVOEIGHT
NOVOSEVEN RT
NUBEQA
NUCALA (except lyophilized powder)
NUWIQ
NYVEPRIA

O

OCREVUS
ODEFSEY
ODOMZO
OFEV
OPSUMIT
OPSYNVI
ORALAIR
ORENCIA CLICKJECT
ORENCIA SUBCUTANEOUS
ORENITRAM
ORFADIN
ORLADEYO
OTEZLA

P

pazopanib
penicillamine
PERJETA
PHEBURANE
PHESGO
pirfenidone
PROCRIT
PROLASTIN-C
PROLIA

R

RADICAVA ORS
RASUVO
REBIF
REBINYN
REMICADE
REPATHA
RETACRIT
RETEVMO
REVLIMID
ribavirin
RINVOQ
ritonavir

ROZLYTREK
RUCONEST
RUXIENCE
RYDAPT

S

sapropterin
SEVENFACT
sildenafil
SIMPONI ARIA
sirolimus
SKYRIZI INTRAVENOUS
SKYRIZI SUBCUTANEOUS
sodium phenylbutyrate
SOGROYA
SOMATULINE DEPOT
sorafenib
SOTYKTU
SPRYCEL
STELARA INTRAVENOUS
STELARA SUBCUTANEOUS
STIVARGA
sunitinib
SUPARTZ FX
SUPPRELIN LA
SYM TUZA

T

tacrolimus
tadalafil
TADLIQ
TAGRISSO
TAKHZYRO
TEGSEDI
temozolomide
tenofovir disoproxil fumarate
teriflunomide
teriparatide
tetrabenazine
TEZSPIRE
THALOMID
tiopronin
tiopronin delayed-rel
TIVICAY
tobramycin inhalation solution
TRAZIMERA
TREMIFYA

treprostinil
trientine
TRIPTODUR
TRIUMEQ
TYMLOS
TYSABRI
TYVASO
TYVASO DPI

U

UPTRAVI

V

VELSIPITY
VEMLIDY
vigabatrin
VISTOGARD
VITRAKVI
VOSEVI
VUMERITY
VYVGART
VYVGART HYTRULO

W

WAKIX

X

XELJANZ
XELJANZ XR
XEOMIN
XOLAIR
XOSPATA
XTANDI
XYNTHA
XYWAV

Y

YONSA

Z

ZEJULA
ZELBORAF
ZEMAIRA
ZEPOSIA
zidovudine
ZIRABEV
ZURZUVAE
ZYDELIG
ZYKADIA

PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS

The preferred options listed below are a broad representation of available treatment options and do not necessarily represent clinical equivalency.

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
ACTEMRA INTRAVENOUS	AVSOLA, REMICADE, SIMPONI ARIA	LYOPHILIZED POWDER	ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
ADCIRCA	<i>sildenafil, tadalafil, TADLIQ</i>	CINRYZE	ORLADEYO, TAKHZYRO
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>	COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine- tenofovir disoproxil fumarate, BIKTARVY, CABENUVA, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
ALIQOPA	Talk to your doctor		
APOKYN	INBRIJA		
APTIVUS	Talk to your doctor	COPAXONE 20 MG/ML	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
ARALAST NP	PROLASTIN-C, ZEMAIRA		
ARCALYST	Talk to your doctor		
AUBAGIO	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	CUPRIMINE	<i>penicillamine</i>
		CYSTADANE	<i>betaine</i>
		DEFERFERAL	<i>deferasirox, deferiprone, deferoxamine</i>
AVASTIN	ZIRABEV	DIACOMIT	Talk to your doctor
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, VEMLIDY</i>	DYSPORT	DAXXIFY, XEOMIN
BERINERT	<i>icatibant, RUCONEST</i>	EDURANT	<i>efavirenz</i>
BETHKIS	<i>tobramycin inhalation solution</i>	ELELYSO	CERDELGA, CEREZYME
BORTEZOMIB	<i>bortezomib, NINLARO</i>	ENTYVIO INTRAVENOUS (For Crohn's Disease Only)	AVSOLA, REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
BOTOX	AJOVY, DAXXIFY, EMGALITY, QULIPTA, XEOMIN	EPOGEN	ARANESP, PROCRI, RETACRIT
BUPHENYL	<i>sodium phenylbutyrate, PHEBURANE</i>	ESBRIET	<i>pirfenidone, OFEV</i>
CARBAGLU	<i>carglumic acid</i>	EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>
CAYSTON	<i>tobramycin inhalation solution</i>	EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX,</i>
CIMZIA	AVSOLA, ILUMYA, REMICADE, SIMPONI		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA		ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
EYLEA	BYOOVIZ, CIMERLI	INTELENCE	<i>etravirine</i>
FEIBA	NOVOSEVEN RT, SEVENFACT	IRESSA	<i>erlotinib, gefitinib</i>
FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>	IXINITY	ALPROLIX, BENEFIX, REBINYN
FINTEPLA	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, topiramate ext-rel</i>	JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
FIRAZYR	<i>icatibant, RUCONEST</i>	JAKAFI (For Polycythemia Vera Only)	BESREMI
FIRMAGON	ELIGARD	JUXTAPID	REPATHA
FULPHILA	FYLNETRA, NYVEPRIA	JYNARQUE	Talk to your doctor
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	KALETRA	<i>atazanavir, darunavir, lopinavir-ritonavir</i>
GENOTROPIN	HUMATROPE, NORDITROPIN, SOGROYA	KITABIS PAK	<i>tobramycin inhalation solution</i>
GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	KORLYM	<i>mifepristone</i>
GLASSIA	PROLASTIN-C, ZEMAIRA	KUVAN	<i>sapropterin</i>
GLEEVEC	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>	KYPROLIS	<i>bortezomib, NINLARO</i>
GRANIX	NIVESTYM	LEMTRADA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA	LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>
HERZUMA	KANJINTI, TRAZIMERA	LEUKINE	NIVESTYM
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	LUCENTIS	BYOOVIZ, CIMERLI
HYQVIA	CUTAQUIG	LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG	ELIGARD
ICLUSIG	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI
IMBRUVICA	BRUKINSA, CALQUENCE	MEKINIST TABLET	COTELLIC, MEKTOVI
INFLECTRA	AVSOLA, ILUMYA, REMICADE, SIMPONI	MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
		MULPLETA	DOPTELET

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
MYOBLOC	DAXXIFY, XEOMIN		INTRAVENOUS
NEULASTA, NEULASTA ONPRO	FYLNETRA, NYVEPRIA	REVATIO	<i>sildenafil, tadalafil</i> , TADLIQ
NEUPOGEN	NIVESTYM	REYATAZ	<i>atazanavir, darunavir</i>
NEXAVAR	<i>pazopanib, sorafenib, sunitinib</i> , CABOMETYX, INLYTA, LENVIMA	RIABNI	RUXIENCE
NEXTERONE	<i>amiodarone</i>	RITUXAN	RUXIENCE
NITYR	ORFADIN	RIXUBIS	ALPROLIX, BENEFIX, REBINYN
NORTHERA	<i>midodrine</i>	RUBRACA	LYNPARZA, ZEJULA
NORVIR	<i>ritonavir</i>	SABRIL	<i>vigabatrin</i>
NPLATE	ALVAIZ, DOPTLET	SAIZEN	HUMATROPE, NORDITROPIN, SOGROYA
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR	SANDOSTATIN LAR	SOMATULINE DEPOT
NUTROPIN AQ	HUMATROPE, NORDITROPIN, SOGROYA	SELZENTRY	<i>maraviroc</i>
OCTAGAM	Talk to your doctor	SIGNIFOR LAR	SOMATULINE DEPOT
OGIVRI	KANJINTI, TRAZIMERA	SOLIRIS (For Myasthenia Gravis Only)	VYVGART, VYVGART HYTRULO
OMNITROPE	HUMATROPE, NORDITROPIN, SOGROYA	SOMAVERT	SOMATULINE DEPOT
ORENCIA INTRAVENOUS	AVSOLA, REMICADE, SIMPONI ARIA	STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine- tenofovir disoproxil fumarate</i> , BIKTARVY, CABENUVA, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	SUTENT	<i>pazopanib, sunitinib</i> , CABOMETYX, INLYTA, LENVIMA
OTREXUP	RASUVO	SYNVISC, SYNVISC- ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
PEGASYS	Talk to your doctor	SYPRINE	<i>trientine</i>
PRALUENT	REPATHA	TAFINLAR CAPSULE	BRAFTOVI, ZELBORAF
PREZISTA	<i>atazanavir, darunavir</i>	TARGRETIN	<i>bexarotene</i>
PROCYSBI	CYSTAGON	TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
PROMACTA	ALVAIZ, DOPTLET	TAVALISSE	ALVAIZ, DOPTLET
RAVICTI	<i>sodium phenylbutyrate</i> , PHEBURANE	TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , AVONEX, BAFIERTAM, BETASERON, COPAXONE 40
REMODULIN	<i>treprostinil</i>		
RENFLEXIS	AVSOLA, ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	XALKORI CAPSULE	ALECENSA, ALUNBRIG, AUGTYRO, ZYKADIA
THIOLA	<i>tiopronin</i>	XENAZINE	<i>tetrabenazine</i> , AUSTEDO, AUSTEDO XR, INGREGZA
THIOLA EC	<i>tiopronin delayed-rel</i>	XYREM	LUMRYZ, WAKIX, XYWAV
TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>	ZARXIO	NIVESTYM
TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
TRELSTAR MIXJECT	ELIGARD	ZIEXTENZO	FYLNETRA, NYVEPRIA
TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine</i> , APRETUDE, CIMDUO, DESCOVY	ZOLADEX	ELIGARD, ORILISSA
TRUXIMA	RUXIENCE	ZYTIGA	<i>abiraterone, bicalutamide</i> , ERLEADA, NUBEQA, XTANDI, YONSA
UDENYCA	FYLNETRA, NYVEPRIA		
ULTOMIRIS (For Myasthenia Gravis Only)	VYVGART, VYVGART HYTRULO		
VIRACEPT	<i>atazanavir, darunavir, lopinavir-ritonavir</i>		
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX		
VOTRIENT	<i>pazopanib, sunitinib</i> , CABOMETYX, INLYTA, LENVIMA		
VPRIV	CERDELGA, CEREZYME		

TABLE 1 - PREFERRED OPTIONS FOR INDICATION BASED SELF-ADMINISTERED AUTOIMMUNE EXCLUDED MEDICATIONS

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
ANKYLOSING SPONDYLITIS	AMJEVITA HUMIRA SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HYRIMOZ RINVOQ
CROHN'S DISEASE	AMJEVITA HUMIRA	ADALIMUMAB-ADAZ HYRIMOZ RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX RINVOQ
PSORIASIS	AMJEVITA COSENTYX ENBREL HUMIRA TALTZ	ADALIMUMAB-ADAZ BIMZELX HYRIMOZ OTEZLA SKYRIZI SUBCUTANEOUS SOTYKTU STELARA SUBCUTANEOUS TREMIFYA
PSORIATIC ARTHRITIS	AMJEVITA HUMIRA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HYRIMOZ OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMIFYA
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS	ADALIMUMAB-ADAZ ENBREL

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
	AMJEVITA HUMIRA KINERET SIMPONI	HYRIMOZ KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	AMJEVITA HUMIRA SIMPONI	ADALIMUMAB-ADAZ HYRIMOZ RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMFYA VELSIPITY XELJANZ XELJANZ XR ZEPOSIA
ALL OTHER CONDITIONS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA HUMIRA KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ADALIMUMAB-ADAZ ENBREL HYRIMOZ

FOR YOUR INFORMATION: New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed.

For VOSEVI listing above: For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

An exception process is in place for specific clinical or regulatory circumstances that may require coverage of an excluded medication. For more information, please sign in or register on [Caremark.com](https://www.caremark.com) and click Plan Summary on the Plan & Benefits menu.

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